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Office of Child Development

The Fathers Collaborative

Finding Ways To Help Noncustodial Fathers Play A Larger Role In Their Children's Lives A Special Concern

Few experts question the value of the role fathers play in raising their children. When they are involved, studies show their children do better. When they are not involved, their children's well-being is at risk.

While their contributions are becoming more clear, engaging noncustodial fathers in the lives of their children remains a challenge. One of the chief reasons is a shortage of services tailored to their specific needs, which can range from help with legal issues and employment to learning about parenting and child development.

In Allegheny County, bridging that support gap is the

focus of the Fathers Collaborative, a partnership of Goodwill Industries of Pittsburgh, the University of Pittsburgh Office of Child Development, and the University of Pittsburgh School of Law.

"We are very good at providing services to mothers and children," said Kathryn Rudy, Director of Community and Internal Affairs for the University of Pittsburgh Office of Child Development. "The

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Adolescent Brain

Looking Beyond Biology And Puberty To Understand Adolescent Behaviors

Raging hormones may be a common explanation of adolescent behavior, but Ron Dahl, who has long studied the mysteries of this critical developmental period, knows better.

Increasingly, researchers are finding that such simple explanations belie the complexity of adolescence, a tumultuous juncture in the lives of children when the seeds of lifelong problems are sown for some and others embark on paths that take them to the height of their potential.

"Adolescence is not simply biological changes; not simply brain changes," says Dahl, MD, the Staunton Professor of Psychiatry and Pediatrics at the University of Pittsburgh's Western Psychiatric Institute and Clinic (WPIC). "We also have to think of it in terms of social context."

Dr. Dahl and a diverse group of his colleagues take such an approach in their research at the University of Pittsburgh, one of the few centers doing broad, interdisciplinary

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question is, how can we also provide a father-friendly environment and services specifically designed to support fathers.”

Through the Fathers Collaborative, its partners, and a range of grants, the number of father-specific services is growing in the county and includes child development education, legal aide regarding custody and visitation, efforts to help organizations engage fathers in their programs, and a project to help ex-offenders meet their child support obligations.

Fathers Influence Outcomes

The lack of a father in the lives of children is a serious social problem in America, where nearly 25% of the children go to bed each night in fatherless homes.

Studies by several sources, including the U.S. Department of Health and Human Services, suggest that children who grow up in fatherless homes are at significantly higher risk of experiencing a number of poor outcomes. For example:

- They are at 77% greater risk of being physically abused and 87% more likely to be harmed by physical neglect.
- They are three times more likely to fail in school.
- Twice as likely to abuse drugs.
- Two to three times more likely to develop emotional or behavioral problems, such as fighting, lying, cheating, and criminal activity.
- Three times more likely to commit suicide.
- Children growing up in fatherless homes are five times more likely to live in poverty.

Studies also suggest that growing up with an involved father is associated with a number of important benefits. Children are more likely to receive prenatal and infant medical care, for example, and babies are more likely to be born healthy. These children also tend to enjoy better relationships with their families.

Growing up with an engaged father is also associated with cognitive and behavioral benefits. For example, children with fathers in their lives are more likely to experience better cognitive outcomes as infants and do better in math and science when they enter school. They are also more likely to develop higher self-esteem, have higher levels of empathy and pro-social behavior, and experience lower rates of depression and drug and alcohol use.

Studies Challenge Perceptions

There are plenty of negative perceptions about single fathers who don't have custody of their children. "Deadbeat dads" has become a popular label for those who fall behind in their child support payments, regardless of circumstance. And misconceptions linger about their willingness to become involved in the lives of their children, particularly when the fathers in question are young.

But perceptions that paint single fathers as child support dodgers or as eager to shirk the responsibility of family contradict evidence reported in several national studies, including the National Survey of Adolescent Males, conducted by The Urban Institute, and The Fragile Families and Child Well Being Study by Princeton University and Columbia University.

The evidence suggests most noncustodial fathers have a sense of responsibility for raising their children and want to have a relationship with their children. For example, 75% of young unmarried fathers visited their baby and the child's mother in the hospital after birth. These fathers listed care and support of their child as their most important role.

The studies also report that 70% of noncustodial fathers visited their child at least twice a week during the first and second years of the child's life and half of them visited their child or children daily.

Support Offered

Several obstacles can discourage noncustodial fathers from becoming more involved with their children. In some cases, animosity between mother and father may be a barrier. Some men may feel incompetent when it comes to raising children or lack a basic understanding of child development. Unemployment, criminal records, low education, and an inability to meet child support obligations are other obstacles.

The Fathers Collaborative provides several resources that address some of these issues. They include a legal clinic, a program to improve parenting skills and a father's understanding of child development, an effort to teach service organizations how they can better accommodate fathers, and help for incarcerated fathers in finding work and clearing other hurdles so they can meet their child support obligations.

A family law clinic was established at the University of

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research focused on gaining a deeper understanding of adolescence that can be used to better inform intervention and public policy.

New tools, such as functional magnetic resonance imaging are helping researchers investigate the brain's complex circuitry. But it is a new framework for examining adolescence that may hold the greatest potential for unlocking its many mysteries.

The model embraced by Dr. Dahl's group links the development of psychopathology in adolescence to specific factors that converge during those years, including biological and cognitive factors, and those related to an adolescent's every day environment, such as family, peers, and community.

This broader approach draws from experts in fields ranging from neuroscience to social science to gain a better understanding of the relatively understudied adolescent years.

A Time Of Vulnerability

The importance of more fully understanding adolescence as a developmental stage cannot be overstated.

The rates of death and disability double from the period of early school age into late adolescence and early adulthood. And it is largely difficulties controlling behavior and emotion that drive the high rates of accidents, suicide, homicide, violence, health problems related to risky sexual behavior, and other troubling outcomes seen among adolescents.

The onset of several life-long problems also occurs in adolescence. Many adults who smoke had their first cigarette as an adolescent. Many alcoholics took their first drink during their adolescent years. Many adults who today struggle with chronic depression experienced their first episode during adolescence. An increase in the prevalence of other disorders is also seen, including social anxiety, eating disorders, and psychosis.

"It is the entering point for patterns of behaviors that are going to have long term consequences," says Dr. Dahl. "Therefore, there is a need to understand how these begin in adolescence. One barrier to understanding is the complexity. This line of research doesn't lead to simple answers. We can't just blame these problems on their brain alone or some genetic vulnerability or having bad parents or growing up in a bad neighborhood. It requires a more comprehensive model that considers interactions across several levels of developmental processes."

Complex Array Changes

The list of factors that can influence adolescent behavior is long.

Puberty, for example, is accompanied by physical changes and the onset of sexual maturity, but it also sparks new drives, impulses, emotions, motivations, changes in

arousal, and behaviors and experiences that challenge an adolescent's self-regulation abilities.

The research model favored by Dr. Dahl and colleagues is particularly concerned with the relationships between adolescent behavior and self-regulation. A key issue is how changes in arousal and motivation outpace more slowly-developing self-regulation abilities – a situation scientists liken to starting the engine of a car with an inexperienced and unskilled driver behind the wheel.

Brain development in adolescence is another important factor. Recent research reveals that several key regions, including areas of the frontal cortex and the cerebellum, undergo remodeling during adolescence. While much of the brain develops during the first few years of life, shaped by both biology and experience, it doesn't stop there.

These studies suggest that much of the brain development during adolescence occurs in the regions and systems that play critical roles in regulating behavior and emotion and in perceiving and evaluating risk.

Central to the framework for understanding adolescent behavior is the context in which all of the physical, emotional, motivational, and cognitive developments occur. This includes considering the influence of peers, family, school, work, media, romantic relationships, culture, community, and society in general.

Several aspects of contemporary adolescence are particularly important. One is the onset of puberty, which occurs much earlier today in industrialized societies. Girls, for example, typically reach menarche, a late event in female puberty, before the age 13 years. The earlier adolescents reach puberty, the earlier they face the many changes that come with it.

Whether it's choosing their night's entertainment or deciding something more weighty, such as a career path, today's adolescents are often confronted with more decisions, more complex decisions, a much wider range of options, and greater challenges to their self-control than in other eras. Meanwhile, their parent's jobs, high rates of divorce and separation, and other factors have led to diminished adult supervision and less time with family, giving young adolescents fewer resources to draw upon when dealing with the changes they experience.

When Many Factors Converge

An example of how biological changes of adolescence and the context in which they occur might converge to create difficulties can be seen in disrupted sleep patterns, which Dr. Dahl has studied extensively. In puberty, the need for sleep increases a bit, while a shift in the circadian clock results in a slight tendency to stay up longer.

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Announcements . . .

Updated This Year

Free Background Reports Cover Children's Issues

The University of Pittsburgh Office of Child Development recently updated its series of free background reports, which provide concise overviews of current topics important to children and families.

The series of reports, *Children, Youth & Family Background*, was updated this year with reports covering new topics, including childhood obesity, foster care, early literacy, parent-teen relationships, and the trend among nonprofit agencies to help support their missions by starting money-generating social enterprises.

The reports, originally produced to keep journalists and policy makers up to date on children's issues, are available free of charge to anyone interested in learning about the latest developments in areas ranging from education and child development to child welfare and juvenile crime. These reports are written, edited, and reviewed by the University of Pittsburgh Office of Child Development.

All *Children, Youth & Family Background* reports are posted on the OCD website as portable document files (.pdf) for viewing and downloading at the following address: <http://www.education.pitt.edu/ocd/family/backgrounders.asp>. ■

Fathers Collaborative

Free Training Helps Men Become Better Fathers

It has long been recognized that men need to be more than a footnote in the lives of their children. Now, the tools they need to fulfill that role and do it well are provided through a nine-session fathers training curriculum that is available free to nonprofit organizations.

The comprehensive fathers training curriculum was developed and successfully field tested by the Fathers Collaborative, a nonprofit partnership of Goodwill Industries, the University of Pittsburgh School of Law, and the University of Pittsburgh Office of Child Development. The project was made possible by support from the Children's Trust Fund of Pennsylvania and the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education.

The curriculum gives men the essentials they need to become responsible, effective, caring fathers, including an understanding of key child development stages and issues, how to build relationships with their children, how to work with the child's mother for the benefit of the child, and advice on a range of parenting topics such as age-appropriate play, discipline, and safety.

Included is a 135-page guidebook written specifically for fathers as an easy-to-read reference to all of the information covered in the curriculum. Fathers who complete the training receive the guidebook, a letter of attendance, and a certificate.

The curriculum was developed with the help of an advisory committee that included fathers, professionals who work with non-custodial fathers, mothers, and academics. Over the past year, the training has proved successful when tested on a range of fathers and in a number of settings, including the Allegheny County jail, local churches, and family support centers.

The training and accompanying materials are available free-of-charge to nonprofit organizations interested in working with fathers to improve their parenting skills, understanding of childhood issues, and their relationships with their children.

FOR MORE INFORMATION, please contact Kathryn Rudy, Director of the Division of Community and Internal Services, University of Pittsburgh Office of Child Development, at (412) 244-5358. ■

OCD | Special Report

Problem Behaviors: Prevention And Treatment For Preschool-Aged Children

Problem behaviors ranging from defiance and aggression to shyness and separation anxiety are common among preschool-aged children. For most, they are age-related reactions to change and developmental challenges that disappear as the child matures.

For others, however, these behaviors may be early signs of clinically-significant problems that can worsen over time if allowed to persist. In this case, early intervention appears to be crucial, given evidence that suggests programs begun after children enter school are not always effective, even when they are comprehensive.¹

Fortunately, several approaches to prevention and treatment of early behavior problems hold promise, particularly those that are well matched to the child's developmental, involve the parents, and consider the broader context of the family.

This special report, based on publications written by Susan B. Campbell, Ph.D., University of Pittsburgh Professor of Psychology, offers a brief overview of common problem behaviors, discusses issues related to interventions with preschool-aged children, and examines the major empirically-supported approaches to treatment and prevention.

Common Behavior Problems

Common problem behaviors among preschool-aged children include high levels of negative and angry feelings, an unwillingness to cooperate, defiance with parents and other adults, frequent squabbles with other children that may involve physical aggression, failure to follow directions, and problems getting along with peers.^{2, 3, 4}

The most common reasons young children are referred to mental health services include defiance, temper tantrums, and excessive activity.⁵ Child care providers frequently complain about children who are noncompliant and cannot get along with siblings and peers.⁶

Other young children may be especially fearful, anxious, sad, and socially withdrawn. These behaviors are more likely when abuse, neglect, other serious disruptions in parenting or other family problems are present.⁷

Unfortunately, it is often difficult to determine if such behaviors are transient age-related reactions to changes and developmental challenges or symptoms of a significant disorder. Three common and serious problems each require certain frequent and persistent symptoms, (beyond what would be expected given the child's age) for diagnosis:

Symptoms of oppositional defiant disorder (ODD) include being angry, arguing, defying, or refusing to comply; being spiteful; and deliberately annoying others.

Attention deficit hyperactivity disorder (ADHD) is more common among boys and is defined by age-inappropriate symptoms of inattention and hyperactivity/impulsivity, which must be seen for at least six months and across a range of settings.⁸ Such symptoms include not paying close attention to details, trouble paying attention, not following instructions, forgetfulness, fidgeting, talking excessively, and having trouble playing quietly or taking turns.

Separation anxiety is the only anxiety disorder specific to children. Symptoms must persist at least four weeks and significant distress and/or impaired functioning must be seen. Symptoms include repeated excessive stress when anticipating separation, worry about losing a parent or other attachment figure, refusing to go to preschool or child care, and fear of being alone or of sleeping alone. It is important to recognize that these symptoms may be normal after a serious stress event or catastrophe such as the loss of a parent or a natural disaster.

Intervention With Pre-School Aged Children

The literature on intervention with preschool-aged children focuses on studies of programs that seek to prevent

problems from developing or worsening, rather than on studies of treatment programs given to children after a problem has been identified. They may be “targeted” at a specific group known to be at greater risk, or “universal” and extended to all children (e.g., immunization programs).

While few universal programs focus on social and emotional development, some targeted preventions emphasize social and emotional development and compensatory education that aim to improve cognitive and pre-academic skills in preschool-age children. Parent management training programs, for example, are sometimes tailored for parents of preschool and kindergarten children, especially children who display oppositional behavior and symptoms of ADHD.⁹

Also, some recent interventions focus on the mother-toddler relationship and family systems. The goal is to enhance socioemotional and cognitive development by promoting secure child-mother attachment and better family functioning.

Intervention Issues

Several issues must be considered when making recommendations for treatment and evaluating approaches.

Foremost is the basic assumption that treatment can enhance development for some children under some circumstances. That makes it necessary to evaluate the relative effectiveness of specific treatments for particular problems among children of a given age and consider several contextual factors at the same time. Such factors include the child’s stage of development, the nature of the problem, the age of onset and severity of the problem, the child’s developmental stage, the child’s immediate and long-term psychological needs, the child’s long-term developmental needs, and family resources.

Treatments most appropriate for preschool children and their families deal with the child in the here and now, are structured and goal oriented, and emphasize the child’s problems within a family and social context. Treatments focused only on the child seem misdirected, Dr. Campbell reports, because preschool children are very dependent on the family and other caregivers.

Intervention Models

Programs addressing problem behaviors in preschool-aged children fall into several general categories of therapeutic models. In many cases, programs with the most promise for working well with preschool children and their families are not wholly wedded to one specific model. Instead, they tend to cross the boundaries of several.

Major therapeutic models include the following:

- **Biological models.** These models assume that genetic predispositions underlie certain behavioral disorders. Treatments seek to alter the biological mechanisms of the

disorder. The use of psychotropic drugs with children showing symptoms of ADHD, depression, and other problems in psychosocial adjustment is well studied. However, much remains to be learned about the nature of their effects, long-term effects on biological functioning and psychological development, and other issues. For example, several small studies of the use of Ritalin to treat hyperactive preschool children suggest the negative side effects outweigh positive changes in behavior.¹⁰ Overall, the use of medication with preschool age children is highly controversial and is recommended only in extreme cases with careful medical monitoring.

- **Intrapsychic and cognitive processing models.** These focus on changing personality organization, resolving unconscious conflicts, or otherwise changing mental processes that cannot be observed or easily operationalized. The effectiveness of these approaches is not well studied. However, several cognitive-behavioral treatments for children have shown promise for problems such as depression and anxiety,¹¹ but they are less effective with disruptive children and are only appropriate for school-age children and adolescents.
- **Behavioral models.** These models, which often rely on learning principles to change overt behaviors, have been used for the past 30 years. Studies show behaviors such as tantrums, aggression, noncompliance, and social withdrawal can be modified by giving rewards when children behave appropriately and withholding them when they do not, and by modeling and reinforcing appropriate behavior. Common methods include time out, praise, and giving rewards, such as treats and toys, for good behavior. Many programs that train parents to use such methods now emphasize a particular age range and consider family processes that may influence the ability of parents to use what they learn. Recent trends also include placing more focus on constructive parents’ problem-solving and anger management.
- **Family systems models.** These models take the view that although one family member – often a child – may be identified as the problem, the problem actually lies within the family. From a family systems perspective, behavioral approaches that only attempt to modify the problem behavior of the child are likely to fail if other aspects of the family system are not considered in treatment. Family therapists examine family alliances, relationships within the family, how power is distributed, how decisions are made, and other issues. Family systems models appear promising and there is mounting evidence that they are effective with school-aged children and adolescent children and their families.¹² However, it is not known how well such models apply to the problems of preschool-age children.

• **Community interventions.** Community intervention and prevention initiatives are based on the premise that the well-being of children and families can be improved by programs that address health, nutrition, work and living conditions, and family life, as well as cognitive and social development. They tend to focus on enhancing competencies and adaptive functioning. Community prevention programs focus on large numbers of children in settings such as preschools, day care centers, and neighborhoods. Early intervention programs, such as Head Start, identify and seek to help high-risk groups. Evidence suggests compensatory education programs such as Head Start have a positive impact on cognitive and social development and may result in longer-term gains in social and academic functioning.^{13, 14}

Therapeutic Approaches To Early Behavior Problems

The following parent training approaches, therapeutic preschool programs, and primary intervention programs focus on the child and family from more than one perspective.

Parent Training For Oppositional Children

Parent training, the most widely used and studied intervention for behavior problems in preschool-aged children, has been evaluated most thoroughly with children considered oppositional and defiant.

Recent studies show the effectiveness of parent training in modifying a variety of behavior problems, especially aggression and noncompliance in children across a wide age range. One review, for example, concludes that parent training programs tend to be more effective and longer-lasting with younger children than with older children.¹⁵ However, not all programs are equally effective.¹⁶

Program characteristics and family factors tend to influence the effectiveness of treatment, how long effects last, and treatment follow-through. Successful programs teach parents to use praise, ignore annoying behaviors, limit criticism and vague commands, and use time out for destructive, aggressive, and noncompliant behavior.^{17, 18} These programs vary, however, on several dimensions, including use with groups vs. individuals, whether the child is present in treatment sessions, length of treatment, involvement of parents, and use of other treatments.

One study, for example, found that both regular parent training programs and programs that combined parent training with planned activities were effective with oppositional preschool children and that gains lasted at least through the three-month follow-up.¹⁹ All parents were taught management skills, such as the use of praise, clear instructions, and time outs. Parents in the combined program were also taught

problem-solving strategies to use in often-stressful situations, such as shopping trips, car rides, and birthday parties.

Another program found to reduce oppositional and noncompliant behaviors combined teaching parents child management strategies with training in how to interact in more sensitive and positive ways.^{20, 21} This program suggests that strengthening the parent-child relationship leads to broader and longer-lasting effects on family functioning.

The participation of fathers in parent training programs also appears to be important. In one program that involved parents and their oppositional children in treatment, mothers in both two-parent families and families without fathers made significant changes that lasted for at least one year. However, women whose husbands or boyfriends participated in treatment were more positive with their children, who, in turn, were more compliant.²²

Taken together, such studies suggest that parent training approaches are most likely to lead to changes in the family that tend to last when they are broad-based, take into account other aspects of family relationships, and involve direct intervention in parent-child interaction.

Prevention And Early Intervention

Most early intervention programs for preschool-aged children focus on academic skills; are given to children living in low-income and highly-stressed families; and seek to improve cognitive skills, school readiness, and social functioning to help the children adjust to elementary school and enhance their academic achievement.

Most of the programs that are effective begin early in the child's life and are intensive, comprehensive, and structured. Programs that deal with both the child's needs and the needs of the family appear to be most successful.

A study of 12 infant and preschool early intervention programs reported that low-income children who participated in comprehensive early intervention were less likely to repeat a grade and to be in special classes than a control group of children who did not participate.²³ Children's view of their competence and parents' aspirations for their children also were positively influenced by early program attendance.

That study and others suggest that early interventions are most likely to be effective when they are intensive, take a multidimensional focus on children and their parents, use structured curricula, and provide a range of services over time.^{24, 25} However, gains sometimes do not last once the intervention ends. Such findings suggest short-term early interventions alone cannot be expected to bridge the gaps in cognitive, language, and social development between children who live in poverty and middle-class children without addressing the wide differences in early experience, environmental conditions, and support for academic and social competence that

continue to separate them.

Studies of comprehensive interventions illustrate the need to modify the family environment and provide additional resources to help parents support their children's development. For example, recent reports from the Abecedarian Project offer evidence that long-lasting effects can be achieved with intensive early intervention for high-risk infants and their mothers.²⁶

Beginning at about four months of age, children in the project treatment group received high-quality child care 40 hours per week, 50 weeks per year, including adequate nutrition and age-appropriate cognitive, linguistic, and social stimulation. They attended the center until they entered kindergarten. Extra resources for language development and literacy skills were provided during the preschool period. Cognitive and academic gains were dramatic and sustained and the children were better adjusted, had higher self-esteem, and were less likely to need special education services or to repeat a grade than children in a non-treatment control group.

Studies of other early intervention and prevention programs raise issues about the extent to which even ambitious programs are able to modify long-term child and family functioning in an effort to prevent or stabilize behavior problems in young children. The motivation of parents, their perceptions of problem behaviors, and their theories about the causes and development of these behaviors all influence their willingness to enroll in prevention or early intervention trials and, if they do, to follow through with program requirements. These barriers are even more formidable when parents are recruited to treatments, rather than seeking them out themselves.

Early Mother-Child Relationship

Several therapeutic approaches focus on early parent-child relationships in an attempt to change negative parent perceptions and attributions of infant and toddler behavior and improve the sensitivity of parents and their responsiveness. These approaches are mostly based on a combination of psychodynamic and attachment theory. Few interventions of this kind have been evaluated in well-designed studies.

Several recently-developed treatment approaches emphasize enhancing the ability of mothers to accurately read and appropriately respond to infant social signals as a way of increasing their sensitivity and responsiveness. This, it is hoped, will change how the mother views the mother-infant relationship, change her behavior toward her baby, and ultimately modify the quality of the attachment relationship.²⁷

Approaches to mother-child psychotherapy also try to modify negative aspects of the mother-child relationship and make mothers more sensitive to their infants' cues. Most experts in this area feel the child-parent relationship is the key consideration and that it is not meaningful to consider the problems of very young children without considering this re-

lationship.

Several interventions focused on depressed mothers and their young children try to modify the mother's depression and prevent problems from emerging among her children. Results have been mixed. One study reports that using parent-toddler psychotherapy with depressed mothers and their children resulted in the children having more secure attachments and better cognitive functioning.²⁸ However, few effects on child outcome and mother-child relationship were seen in a program in which visiting nurses helped mothers read infant signs and provide age-appropriate stimulation.²⁹ Other studies also suggest that brief home-based interventions may not be sufficient to change the quality of mother-child relationships when the mother is depressed.³⁰

Other approaches have focused on early interaction as a way to improve mother-child relationships and establish secure attachment in infants considered at risk. In one of these prevention studies, irritable infants received three two-hour home visits during a six-to-nine-month period that were aimed at helping mothers read, interpret, and respond to infant signals.³¹ When the intervention ended, the infants were less irritable and more exploratory, and their mothers were better able to respond appropriately. At 12 months of age, the infants were more likely to be securely attached than those in a non-treatment control group, and the gains lasted at least through the 36-month follow-up. Secure attachment may facilitate the child's adjustment and development in social and cognitive domains.

Taken together, studies of parent training, primary prevention, early intervention, and approaches that focus on the mother-child relationship suggest each holds promise in preventing and treating behavior problems in young children, especially when parent and family issues are considered and addressed as part of the intervention.

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Announcements . . .

OCD Evaluation Symposium Offered At Two Sites In 2006

The Office of Child Development's Division of Planning and Evaluation is offering its Evaluation Symposium for social, human service and community agencies. 2006 marks the third consecutive year the Division of Planning and Evaluation has organized the one-day event.

The upcoming symposium will be offered at sites in western and central Pennsylvania to better accommodate agencies and staff throughout the state.

The symposium offers participants an opportunity to learn about a wide range of evaluation topics and methodologies. In 2006, the Evaluation Symposium will include small group exercises that enable participants to apply new knowledge and skills and benefit from individual assistance from the presenters.

Symposium presenters have extensive expertise in pro-

gram evaluation and have provided training and technical assistance to numerous agencies during the 13-year history of OCD's Division of Planning and Evaluation.

The 2006 Evaluation Symposium is being offered in May in the following areas:

- Western Pennsylvania - Cranberry, PA on May 3, 2006.
- Central Pennsylvania - Mechanicsburg, PA on May 17, 2006.

Additional information will be announced in the coming months.

To be added to the Symposium's distribution list, please contact Charlene Nelson at (412) 244-7553 or e-mail her at: ocdpep@pitt.edu. ■

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(*Adolescent Brain* continued from page 3)

These biological changes are subtle enough that most adolescents in a highly-structured environment will not have trouble going to sleep early and getting up early.

For some, however, a little freedom and the distractions of contemporary adolescence can be a recipe for problems. Once sleep patterns shift, resetting them can be difficult.

Today's adolescents "are not reading by candlelight anymore," Dahl says. "They have a multitude of stimulating things going on: they are often immersed in the cyberworld with 12 friends IMing [computer instant messaging], text messages coming in on their cell phones, several windows open on the computer, listening to music on their Ipod, and what they say they are doing is working on their homework. That's a lot of arousal."

In addition, there are summer and weekends, when it is easier and more tempting to stay up late and sleep in later. And parents who don't enforce limits on going to bed can be a factor. "You begin to see how the convergence of individual differences – some which may be genetic and some that are social – and the developmental change of puberty begin to play out in an adolescent who is chronically sleep-deprived," Dahl says.

"Most adolescents struggle with sleep to some degree. But for a subset, this becomes a time when things unravel. Imagine an adolescent with a genetic vulnerability to being depressed, or who already has mood problems, or already is unpopular and not well adjusted to school. Then he or she breaks up with a girlfriend or a boyfriend and everyone says that was the event that caused the adolescent to become depressed. Maybe. But there were probably many things that were unraveling the system."

Dr. Dahl's group is studying adolescence from several angles. Of particular interest is what happens during puberty that influences emotions and motivation. "We think that a key part of this is that some part of the reward and reward anticipation system gets amped up at puberty," he

says. "It's not that you lose your ability to think rationally or you lose your fears. It's that intensity of the excitement – the reward anticipation gets an increased charge so that fear becomes part of excitement.

"This idea that kids think they are invulnerable, I think, is fundamentally wrong. In fact, being scared is half of the thrill. With adolescents who get into problems by being thrill-seekers, the fear becomes something larger that they start to enjoy. It doesn't immediately stop their behavior. It can feel sort of good."

Informing Policy And Intervention

A better understanding of adolescent behavior is critical to answering many questions that policy makers are struggling with. For example, when is an adolescent fully responsible for his or her behavior? It is a central question for several policies, including whether adolescent offenders should be subject to the death penalty.

Policies about adolescent driving and the legal drinking age are other examples of issues that deeper insights into adolescent development could help sort out.

Studies that explore the complexities involved in adolescence as a developmental stage are also leading to a better understanding of the onset of disorders such as depression.

Although mining such knowledge is difficult, it is possible with a well-conceived framework for study. The benefits, in the case of emerging disorders, include improving intervention to prevent life-long problems from developing. "We don't have a magic wand and may not be able to disentangle all of [the factors]," Dr. Dahl says. "But by having good models about how these neurobehavioral systems develop and measuring some aspects of them, studying individual differences, studying pathways to problems like depression and alcohol use, we can gain insights into how these things converge in ways that you may be able to identify a particular kid for whom well-timed intervention will help." ■

Announcements . . .

Free OCD Parenting Columns Well Suited For Newsletters

Dispensing parenting advice, long the domain of grandmothers and other family relations, is drawing more attention from policymakers and others looking for ways to strengthen families and communities – and for good reason. Studies show effective parenting improves a child's chances of healthy development.

Sound parenting advice on more than 50 topics is now available free of charge in a series of columns written by Robert B. McCall, Ph.D., Co-Director of the University of Pittsburgh Office of Child Development and former columnist for *Parents* magazine.

The columns, well-suited for newsletters and community newspapers, provide clear, concise and accurate information on topics such as dealing with a child's lying, how to toilet train, what to do about nightmares, discipline and finicky eaters, and how to recognize and address grief in children.

OCD offers the columns free of charge as Microsoft Word documents. All columns are available on OCD website at: www.education.pitt.edu/ocd/family/parentingcolumns.asp

The public service initiative is made possible by the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education, whose contributions support production of the columns and other Office of Child Development projects. ■

(Fathers continued from Page 2)

Pittsburgh School of Law to train second and third year law students to help qualified noncustodial fathers, free of charge, with visitation and other custody-related issues that might discourage them from becoming involved with their children.

Another critical need is to improve their knowledge of child development and their skills as parents. "We discovered many of them had no realistic expectations of what their child should be doing at a certain age," Rudy said.

The Collaborative established The Man's Guide To Child Development, one the few father-specific parent education programs in the nation. The initiative is supported by the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education and the Pennsylvania Children's Trust Fund. It includes a 14-part program covering age-specific development milestones and other topics ranging from relationships with the child's mother to caring for a sick child, as well as a 135-page book published as a companion reference to the program.

Both the program and book are made available free of charge to organizations interested in helping fathers, families and children.

Goodwill Industries of Pittsburgh's Project SCALE (Support Children through Learning and Employment) addresses unpaid child support among ex-criminal offenders. Unpaid child support denies children and families of financial resources and can be an obstacle to establishing strong father-child relationships.

Project SCALE is made possible by a grant from the U.S. Department of Health and Human Services, Office of

Child Support Enforcement. It helps ex-offenders gain child support education, referrals, and enrollment in regional Workforce Investment Act and TANF programs with the goal of securing full-time employment and increasing their ability to pay child support on a regular basis.

"We help them with their support issues and give them an opportunity to get a job so they can meet their child support obligations and get back into the good graces of Family Court," said Eric Yenerall, Vice President of Workforce Development at Goodwill Industries of Pittsburgh.

Unemployment and underemployment compromises the ability of ex-offenders to pay child support. Those obligations can be significant, given that support debt continues to mount during the time fathers are in prison. A study of inmates at the Allegheny County Jail reported that 59% had child support orders and the average total order on arrears was \$10,727.

The Fathers Collaborative is also working to help service organizations include noncustodial fathers in their programs. For example, more than one dozen family support centers in the county take part in a program that shows them how to make programs more father friendly to widen the network of support for fathers, encourage them to become more involved in their families, and, in the process, brighten the futures of their children.

FOR MORE INFORMATION about the Fathers Collaborative, contact Kathryn Rudy at the University of Pittsburgh Office of Child Development at (412) 244-5358. ■



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